MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07391

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Memorial Hospital Talbot
COUNTY Easton MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Route #2
STREET ADDRESS (If rural give location) R.F.D. #2 Box 318

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Mary (Last) Adams

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 1 1869
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. John Speers
14. MOTHER'S MAIDEN NAME: Adeline Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Mrs. Lucy Anderson - daughter - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death 2 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary arteriosclerosis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolism — 2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 19, 1953, that I last saw the deceased alive on 7/19, 1953, and that death occurred at 2:20 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Roderick W. Dirk, M.D. ADDRESS 314 E. Dover St. Easton, Md. DATE SIGNED July 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/21/53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) (State) Federalsburg Md.
DATE REC'D BY LOCAL REGISTRAR 7/20/53
REGISTRAR'S SIGNATURE H.A. Reeves
24. FUNERAL DIRECTOR ADDRESS J.J. Frampton Son Federalsburg Md.

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JUL 27 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07391

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Byron (Middle) Bonwell (Last) Barton

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 30 1888

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wall Street Journal

11. BIRTHPLACE (State or foreign country): Queen Anne, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Tatem Barton

14. MOTHER'S MAIDEN NAME: Sarah Josephine Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: do not know

17. INFORMANT & ADDRESS: Byron B. Barton 3008 Liberty Pky Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X

Immediate cause (a) Carcinoma of the pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1953, to 7/14, 1953, that I last saw the deceased alive on 7/14, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE Dent Leders — DEGREE OR TITLE M.D. — ADDRESS Queen Anne — DATE SIGNED 7/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 16-53

NAME OF CEMETERY OR CREMATORY Freemount

LOCATION (City, town, or county) (State) Hillsboro Caroline Co. Md.

DATE REC'D BY LOCAL REG. 7/15/53

REGISTRAR'S SIGNATURE M. H. Norris

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07392

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 4-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): St. Michaels
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location): 200 Chew Ave

3. NAME OF DECEASED: (Type or Print) (First) MAGGIE (Middle) MAY (Last) BEAUCHAMP

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-2-1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bowie Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Flavius S. Moulton

14. MOTHER'S MAIDEN NAME: Mary Frances Amerissa Mud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Frances A Spurry St. Michaels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — Interval between onset and death: 6 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic C V D — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. pernicious anemia — 6 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1952 to 7-10, 1953 that I last saw the deceased alive on 7-10, 1953, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS St. Michaels Md DATE SIGNED 7-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/13/53

NAME OF CEMETERY OR CREMATORY: Christ Cemetery

LOCATION (City, town, or county) (State): St. Michaels. Md

DATE REC'D BY LOCAL REG. July 14 1953

REGISTRAR'S SIGNATURE Mrs Robt. R. Seth

24. FUNERAL DIRECTOR J. Hampton Harrison — ADDRESS St. Michaels Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07393

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Trappe

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) Raymond (Last) Blann

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: April 26, 1891

9. AGE Last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Arthur Blann

14. MOTHER'S MAIDEN NAME: Annie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Anna Blann Trappe, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral hemorrhage — 13/4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arthritis (ankles, and hip) — 12 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952 to July, 1953 that I last saw the deceased alive on July 7th, 1953, and that death occurred at 7.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): William S. Seymour M.D. — ADDRESS: Trappe, Talbot, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7-10-53. — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/8/53 — REGISTRAR'S SIGNATURE: M. A. Nevin

24. FUNERAL DIRECTOR — ADDRESS: Maurice E. Newnam & Son Easton, Md.

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BUREAU V. S.

07394

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) McDANIEL
LENGTH OF STAY (in this place) 8 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDANIEL X
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) M. (Last) BRIDGES

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Oct 25 1915
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): SHERWOOD MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HOWARD T. SINCLAIR
14. MOTHER'S MAIDEN NAME: LENA Golsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: DONALD BRIDGES, McDANIEL Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

Antecedent cause(s) (b) Chronic Glomerular nephritis — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5-27, 1953, to 7-10, 1953, that I last saw the deceased alive on 7-10, 1953, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 7-11-53

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~, (Specify): Cremation
DATE THEREOF 7/13/53
NAME OF CEMETERY OR CREMATORY Loudon Park Crematory
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. July 12, 53
REGISTRAR'S SIGNATURE Mrs Robt L. Seeks
24. FUNERAL DIRECTOR Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Brooms

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 18, 1846

9. AGE last birthday: 107 yrs. IF UNDER 1 YEAR Months 4 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Offord, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Barnett

14. MOTHER'S MAIDEN NAME: Eliza Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ella Davidson, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Chronic Hypocarditis — Interval Between Onset And Death: 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic Parenchymatous Nephritis — 3 yrs

(c)

422.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1940, to July 23, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE Edward T. Mish (Degree or title) MD ADDRESS Easton, Md. DATE SIGNED July 24, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF July 27-1953 NAME OF CEMETERY OR CREMATORY Richards Cemetery LOCATION (City, town, or county) Easton, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7/25/53 REGISTRAR'S SIGNATURE N. A. Nevins

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Washington St Extended

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) T. (Last) Davis
4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 10, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Mr M. M. Davis
14. MOTHER'S MAIDEN NAME: Emma Norwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Louise Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) apoplexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) H. C. V. D DUE TO

(c)

Interval Between Onset And Death: 2 yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 7/1/, 1953 that I last saw the deceased alive on 7/1/, 1953, and that death occurred at 9:12 pm, from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M-D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/4/53
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton Md (State)
DATE REC'D BY LOCAL REGISTRAR 7/2/53
REGISTRAR'S SIGNATURE N. H. Neeley
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1953
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

397

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Eitzmuger
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 3-1870
9. AGE last birthday 83 yrs. If under 1 year Months 1 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Charles Kellum, Cordova Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whitt MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 7-27-53

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF July 28-1953 NAME OF CEMETERY OR CREMATORY Newhouse Cemetery LOCATION (City, town, or county) Cordova, Rural (State) Md

DATE REC'D BY LOCAL REG. 7/26/53 REGISTRAR'S SIGNATURE M. H. Neeres
24. FUNERAL DIRECTOR John D Williams ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne.
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Spencer (Middle) (Last) Flamer.

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: 6/22/95
9. AGE last birthday: 57. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Flamer
14. MOTHER'S MAIDEN NAME: Minnie Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gertrude Brown.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis.
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 ..... to ..... , 19 ..... , that I last saw the deceased alive on July 1953 and that death occurred at 11:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Schmidt M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/15/53
NAME OF CEMETERY OR CREMATORY New Chapel
LOCATION (City, town, or county) Cordova (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/13/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR James B. Harbiell, ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Easton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater Maryland
STREET ADDRESS (If rural, give location): South River Beach

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WOODROW (Last) GAMBRILL

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb. 12, 1917

9. AGE Last birthday: 36 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Dupont Chemical Plant

11. BIRTHPLACE (State or foreign country): Allen, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: O. Howard GAMBRILL

14. MOTHER'S MAIDEN NAME: Amy Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. O. Howard Gambrill (Father) S. River Road Edgewater, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 345X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Pneumonia	1wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Laryngeal paralysis	3 to.
	(c) DUE TO Multiple Sclerosis	1+yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1953, to July 18, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick W. Dick, M.D. 314 E Dover St Easton, Md 7-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 21, 1953 — NAME OF CEMETERY OR CREMATORY: Allen Cemetery — LOCATION (City, town, or county) (State): Allen, MD. (Near Salisbury, Md.)

DATE REC'D BY LOCAL REG. 7/19/53 — REGISTRAR'S SIGNATURE: Walter R. Holloway

24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY * SALISBURY MARYLAND

Walter R. Holloway — Walter R. Holloway

106 Each Ave.

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2915 Arnwall Rd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Greathouse
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-23-25
9. AGE last birthday: 27 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Princess Anne Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James G. Greathouse
14. MOTHER'S MAIDEN NAME: Wida Hinds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1948-49
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Courtney Greathouse (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Transection cervical cord — 5 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg.) OF INJURY: Kent Narrows — (CITY OR TOWN) nr. Grasonville — (COUNTY) Q.A. — (STATE) Md
TIME OF INJURY (Month) 7 (Day) 19 (Year) 53 (Hour) A m. — INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? dived into shallow water

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Louis Melby (Degree or title) M.D. D.M.E. — ADDRESS: Easton Md — DATE SIGNED: 7-25-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF July 29 1953 — NAME OF CEMETERY OR CREMATORY Kennedy Cemetery Detrick — LOCATION (City, town, or county) Hagerstown Co. Washington — (State)

DATE REC'D BY LOCAL REG. 7/26/53 — REGISTRAR'S SIGNATURE N. H. Nevins — 24. FUNERAL DIRECTOR Maurice E. Kemp & Son — ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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AUG 3 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 771

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A-15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) all Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Emily (Middle) E. (Last) Haddaway
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. 2 1889
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months 4 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Tilghman, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F Phillips
14. MOTHER'S MAIDEN NAME: Gertrude Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) V
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: William H. Haddaway, Tilghman Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4
Immediate cause (a) Cerebral hemorrhage Hrs of Confinement — 3 Hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... DUE TO
541.1 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Cervix — 2 Yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 2.07 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Tilghman July 24

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial July 26 1953 — Tilghman Cemetery — Tilghman Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE
July 27-53 — Mrs Robt L. Bell

24. FUNERAL DIRECTOR — ADDRESS
John D. Williams — Easton, Md.

RECEIVED
MAY 29 1953
BUREAU V. S.

Item 18 Film G156 7-31-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellevue
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellevue
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (Type or Print) (First) Edmund (Middle) Lockwood (Last) Hardcastle
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 8, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Lockwood Hardcastle
14. MOTHER'S MAIDEN NAME: Henrietta Nicholes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-03-6217
17. INFORMANT & ADDRESS: Lockwood Hardcastle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X

Immediate cause (a) Carcinomatosis - primary site Throat — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatism — yes.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 7-18, 1953, that I last saw the deceased alive on 7-17, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE W F Buell (Degree or title) Med ADDRESS Easton Md DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 9/19/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 24 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

J 403

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) K. (Last) Hopkins

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-12-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Edward B. Hopkins
14. MOTHER'S MAIDEN NAME: Anna Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mrs. Virginia B. Hopkins - wife SAME Address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
155X
Immediate cause (a) ..... DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO
(c) Carcinoma of gallbladder

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 , to ....., 19 , that I last saw the deceased alive on ....., 19 , and that death occurred at 7:33 Am, from the causes and on the date stated above.
SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Memorial Hosp Easton DATE SIGNED: 20 July 53

23. BURIAL, CREMATION, [redacted]VAL (Specify) DATE THEREOF July 18, 53 NAME OF CEMETERY OR CREMATORY Silverbrook Cemetery LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REGISTRAR 7/18/53 REGISTRAR'S SIGNATURE N. H. Neeries 24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

M

VS. A75 8-51

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
STREET ADDRESS (If rural, give location) C-HEW Ave

3. NAME OF DECEASED: (Type or Print) (First) LOLA (Middle) W (Last) HUNT

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 5, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ST. MICHAELS

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE M. WALES

14. MOTHER'S MAIDEN NAME: ELLA BURKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Ralph S. Hunt Sr. St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive arteriosclerotic C V D — yrs

DUE TO

(26) X (c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5-27, 1953, to 7-11, 1953, that I last saw the deceased alive on 7-11, 1953, and that death occurred at 6 55 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 7-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 14, 1953

NAME OF CEMETERY OR CREMATORY Olivet Cemetery

LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REG. July 13, 1953

REGISTRAR'S SIGNATURE Mrs Robt L. Seth

24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

RECEIVED
JUL 15 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

105

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 54 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Matilda (Last) Jackson
4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/4/72
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John Haddaway
14. MOTHER'S MAIDEN NAME: Mary Haddaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Robert Franklin Jackson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

455X

Immediate cause (a) Hypostatic Pneumonia. — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gangrene of foot — 2 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 June, 1953, to 2 July, 1953, that I last saw the deceased alive on 2 July, 1953, and that death occurred at 4:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) T. J. Thomas MD
ADDRESS Easton, Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 7/5/53
NAME OF CEMETERY OR CREMATORY Tilghman M.E.
LOCATION (City, town, or county) Tilghman Talbot (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/3/53
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR J. Leedsmoore
ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07406

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Easton, Md.
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Rural Easton, Md

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Marcha (Last) Kent

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 7, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Dot Known
14. MOTHER'S MAIDEN NAME: Dot Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: No.
17. INFORMANT & ADDRESS: Mrs Morgan Fenley, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac Decompensation — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio sclerotic Heart Disease — 3 years

DUE TO (c) Generalized arterio sclerosis — 3 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1953, to July 19, 1953, that I last saw the deceased alive on 7-19, 1953, and that death occurred at 3 00 P.M. from the causes and on the date stated above.

SIGNATURE William L. Wouter (Degree or title) MD ADDRESS Easton Maryland DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 20, 1953 NAME OF CEMETERY OR CREMATORY Cleveland LOCATION (City, town, or county) Cleveland (State) Ohio

DATE REC'D BY LOCAL REGISTRAR 7/20/53 REGISTRAR'S SIGNATURE N. H. Nerrick
24. FUNERAL DIRECTOR Willis Clark ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 207

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Estella (Middle) J (Last) Marshall

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Aug 21 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Henry Burroughs
14. MOTHER'S MAIDEN NAME: Frances Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Cecil H. Kiethley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1538

Immediate cause (a) Carcinoma transverse colon — Interval Between Onset And Death 6 wks?

DUE TO C Metastases to liver

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Fungating Mass in Colon extending into mesentery
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 1953, to 7/22, 1953 that I last saw the deceased alive on ....., 19.., and that death occurred at 2:20 pm, from the causes and on the date stated above.

SIGNATURE: W. D. Noble MD (Degree or title)
ADDRESS: Easton
DATE SIGNED: Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/24/53
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
LOCATION (City, town, or county): St. Michaels (State) Md

DATE REC'D BY LOCAL REGISTRAR: 7/23/53
REGISTRAR'S SIGNATURE: N. H. Norris
24. FUNERAL DIRECTOR: S. Hamilton Harrison
ADDRESS: St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AU
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place): 1 month 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Olin (Last) Matthews

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 22, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Solomon Matthews

14. MOTHER'S MAIDEN NAME: Annie Mink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-18-2799 Harbaugh

17. INFORMANT & ADDRESS: Mrs Minnie Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fract. 10-T vertebra DUE TO

(c) paralysis 8 days

Interval Between Onset And Death: 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home
(CITY OR TOWN): Preston (COUNTY): Caroline (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell from roof

22. I hereby certify that I attended the deceased from July 17, 1953 to July 20, 1953, that I last saw the deceased alive on July 20, 1953 and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. E. Kenney M.D.
ADDRESS:
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 23, 1953
NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
LOCATION (City, town, or county): Federalsburg (State):

DATE REC'D BY LOCAL REGISTRAR: 7/24/53
REGISTRAR'S SIGNATURE: D. A. Reeves

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son
ADDRESS:

VS. A15

RECEIVED
AUG 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
LENGTH OF STAY (in this place) 16 hrs 50 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Tilghman, Md

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Wesley (Last) Murphy
4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-6-53
9. AGE last birthday: NB yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 16 Min. 50

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): E. Memorial Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr Samuel T. Murphy
14. MOTHER'S MAIDEN NAME: Anna Mae Hoover

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Samuel T. Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5
Immediate cause (a) Prematurity
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Focal Atelectasis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1953, to 7-7, 1953, that I last saw the deceased alive on 7-7, 1953, and that death occurred at 12:55 pm from the causes and on the date stated above.

SIGNATURE John E. Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 7-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/8/53 NAME OF CEMETERY OR CREMATORY Tilghman Meth. LOCATION (City, town, or county) Tilghman Talbot (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/7/53 REGISTRAR'S SIGNATURE N. H. Reeves 24. FUNERAL DIRECTOR J. Reeds Moore ADDRESS Tilghman Md

2073194340

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-10

RECEIVED
JUL 14 1953

Item 7 FilmG157 8/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot Easton MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) —
LENGTH OF STAY (in this place) 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Pleasant, Easton, Md.
STREET ADDRESS (If rural give location) Easton, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Dr. Thoreau (Middle) B (Last) Oman
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Dentist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Dr Peter D. Oman
14. MOTHER'S MAIDEN NAME: Lydia M Oman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Dr Samuel M Oman (Easton)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
434.1
Immediate cause (a) CONGESTIVE HEART FAILURE DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 1 MO.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17-, 1953, to 7-28-, 1953 that I last saw the deceased alive on 7-28-, 1953, and that death occurred at 1:40 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Harold A. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/30/53 NAME OF CEMETERY OR CREMATORY Elbridge LOCATION (City, town, or county) Elbridge (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/29/53 REGISTRAR'S SIGNATURE M. R. Meeres
24. FUNERAL DIRECTOR John D. Williams per Eco Bacon ADDRESS Easton, Md

VS. (A15)

RECEIVED
AUG 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 7 hrs - 20 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Olin (Last) Pippin
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/6/96
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Banker & Farmer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James C. Pippin
14. MOTHER'S MAIDEN NAME: Cora Lane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James O. Pippin Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 1

Immediate cause (a) Myocardial deformation — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Coronary Disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/, 1953 to 7/10/, 1953 that I last saw the deceased alive on 7/9/, 1953 and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE [signature] Cox (Degree or title) Jm D ADDRESS Easton Md DATE SIGNED 7/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/13/53 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/11/53 REGISTRAR'S SIGNATURE N. H. Neeres 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7572

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 4 hrs-21"
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY T
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) RFD #4

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Raikes

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-19-53
9. AGE last birthday: NB - yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 4 Min. 21

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): E Mt. H Easton Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Elmer Jenkins
14. MOTHER'S MAIDEN NAME: Helen Raikes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen Raikes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Prematurity
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1953, to 7-19, 1953, that I last saw the deceased alive on 7-19, 1953, and that death occurred at 6 pm, from the causes and on the date stated above.

SIGNATURE: W F Buell (Degree or title) Lcd ADDRESS: Easton Md DATE SIGNED: 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/20/53
NAME OF CEMETERY OR CREMATORY: Irytown
LOCATION (City, town, or county): Easton (State) Md. RD

DATE REC'D BY LOCAL REGISTRAR: 7/19/53
REGISTRAR'S SIGNATURE: N. H. Neefus
24. FUNERAL DIRECTOR: John D. Williams per Gw Bason
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) T. (Last) Spencer

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 15, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Alexander Spencer

14. MOTHER'S MAIDEN NAME: Bess Eason

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Mrs. Anna Spencer - wife - same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355X

Immediate cause (a) Generalized arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral hypertrophy.

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 7:15 A.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Schmid M.D. ADDRESS Easton Memorial Hosp DATE SIGNED July 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 29, 1953 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/28/53 REGISTRAR'S SIGNATURE N. H. Neirus

24. FUNERAL DIRECTOR Maurice E. Newnam ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) 7yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; STREET ADDRESS (If rural give location) 225 S. Aurora

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Rebecca (Last) Stevens

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 5/10/1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: own home (Ret.)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Layfette Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lewis E. Berry, Easton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute Myocardial Infarction — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Generalized Arteriosclerosis — Interval Between Onset And Death: Years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4-, 1953 to 7-4-, 1953, that I last saw the deceased alive on 7-4, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE Donald A. Griffith (Degree or title) M.D. — ADDRESS Easton Md. — DATE SIGNED 7-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/6/53 — NAME OF CEMETERY OR CREMATORY Washington — LOCATION (City, town, or county) Hurlock, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/6/53 — REGISTRAR'S SIGNATURE H. A. Neese — 24. FUNERAL DIRECTOR Ruth S. Willoughby — ADDRESS East New Market Md.

RECEIVED
JUL 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 23 hr 49 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Terry

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 19, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 23 Mins 47

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr Luther Terry
14. MOTHER'S MAIDEN NAME: Eddie M. Moneymaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Luther N. Terry

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) Premature separation of
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Placenta c̄ Anoxia
DUE TO
(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to July 20, 1953, that I last saw the deceased alive on July 20, 1953, and that death occurred at 2:45 AM from the causes and on the date stated above.
SIGNATURE P. E. Cox (Degree or title) Dr-D ADDRESS Easton Md DATE SIGNED 8/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 21, 53 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/20/53 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellevue
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellevue
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) U. (Last) Leighman
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 5-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Centreville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev John F Dennis
14. MOTHER'S MAIDEN NAME: Henrietta Fields

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hazel Turner, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis and DUE TO Angina Pectoris (c) Past over years

Interval Between Onset And Death: 12 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Nephritis — No

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☑ Not While At Work ☑
HOW DID INJURY OCCUR? No Injury

22. I hereby certify that I attended the deceased from May 8, 19 ...., to June, 19 9, that I last saw the deceased alive on June 9, 1953, and that death occurred at 4.20 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Philip B. Lewis DATE SIGNED St Michaels Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13th 1953
NAME OF CEMETERY OR CREMATORY New Chapel Cemetery
LOCATION (City, town, or county) Easton, R.D. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/10/53
REGISTRAR'S SIGNATURE M.H. Neeres
24. FUNERAL DIRECTOR John D Williams, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07416

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill 17X-2
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) — (Last) Usilton
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 7
8. DATE OF BIRTH: 2/9/1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Jefferson Davis
14. MOTHER'S MAIDEN NAME: Susan Starkey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr. Meeks M. Usilton - husband - same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) Coronary thrombosis — 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis — —

DUE TO

(c) Diabetes mellitus — 27 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Pulmonary embolic~~ ~~2 hrs.~~

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1953, to July 19, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 5:05 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick Wm Dick, M.D. ADDRESS 314 E. Dover St. Easton Md. DATE SIGNED July 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/22/53
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/20/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Edgar Lane per mtc.
ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07417

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Talbot
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Wright

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): labor on farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Oscar Jones Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertension Cardio Vascular Disease — Interval Between Onset And Death: years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. This pt had left Hemiplegia of years — years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 7-1, 1953, that I last saw the deceased alive on 6-30, 1953, and that death occurred at 350 pm, from the causes and on the date stated above.

SIGNATURE W F Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-3-53
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) (State) Oxford, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 7/2/53
REGISTRAR'S SIGNATURE N. H. Neerie
24. FUNERAL DIRECTOR Maurice E. Newnam & Son Easton Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1953
BUREAU V. S